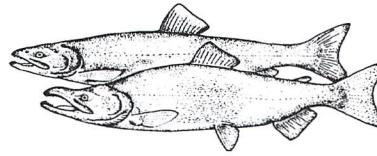
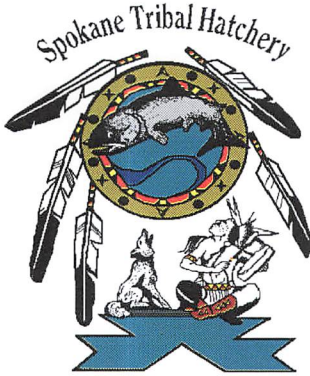


WAG-130019  
C-4

# Spokane Tribal Hatchery

POB 100 • Wellpinit, WA. 99040

Phone (509) 258-7297 • Fax (509) 258-7497 • timpeone@spokanetribe.com



RECEIVED

January 17, 2020

U.S. EPA Region 10, OWW-191  
Washington Hatchery Annual Report  
1200 Sixth Avenue, Suite 900  
Seattle, WA. 98101-3140

JAN 24 2020

EPA - REGION 10

Enforcement & Compliance Assurance Division

Dear USEPA Region 10:

Subject: Spokane Tribal Hatchery 2018 Annual Report of Operations.

Pursuant to requirements of WAG-130000 United States Environmental Protection Agency National Pollution Discharge Elimination System Permit for the Spokane Tribal Hatchery, enclosed is the 2019 Annual Report of Operations (Appendix E format).

Sincerely,

*Tim Peone*

Tim Peone, Manager  
Spokane Tribal Hatchery  
POB 100  
Wellpinit, WA. 99040  
(509) 258-7297  
(509) 228-7497 fax  
timpeone@spokanetribe.com

cc: Brian Crossley, STOI Water Resources Manager

ICIS  
2/4/2020  
JR

**EPA General Permit WAG130000 - Annual Report**



**Annual Report of  
Operations for Year  
2019**

**To comply with NPDES General Permit No. WAG130000 for Federal  
Aquaculture Facilities and Aquaculture Facilities Located in Indian  
Country within the Boundaries of the State of Washington**

**NPDES # for your Facility:**

WAG130000

**Facility & Owner Information**

Facility Name:

Spokane Tribal Fish Hatchery

Operator Name (Permittee):

Spokane Tribe of Indians

Address:

PO Box 100  
Wellpinit, WA. 99040

Email:

timpeone@spokanetribe.com

Phone:

509-258-7297

Owner Name (if different from operator):

Email:

Phone:

**Best Management Practices (BMP) Plan**

Has the BMP Plan been reviewed this year? ☒ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.

## EPA General Permit WAG130000 - Annual Report

### Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): 42,000

Pounds of food fed to fish during the maximum month: 18,660

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/ Spawned
Rainbow Trout	3,000	Spokane Indian Reservation Inland Lakes	April
Rainbow Trout	15,700	Lake Roosevelt	June
Kokanee Salmon	150,000	Lake Roosevelt	June

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	30,385	9,930	July	46,400	15,600
February	45,728	11,400	August	55,330	19,230
March	45,865	12,060	September	55,943	19,330
April	43,367	11,880	October	26,169	6,240
May	21,001	7,860	November	25,633	9,296
June	36,551	16,590	December	36,209	11,220

Additional Comments:

## EPA General Permit WAG130000 - Annual Report

### Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
Fish Mortalities	Monthly	Reservation Landfill
Additional Comments:		

### Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
None			
Additional Comments:			

## EPA General Permit WAG130000 - Annual Report

### Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

None

### Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired
Weekly	None Needed	Solid waste settling basin
Weekly	None Needed	Production pumps, screens

## EPA General Permit WAG130000 - Annual Report

### Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
Yes <input checked="" type="checkbox"/> No	Azithromycin
Yes <input checked="" type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
Yes <input checked="" type="checkbox"/> No	Chlorine
Yes <input checked="" type="checkbox"/> No	Draxxin
Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input checked="" type="checkbox"/> Yes No	Florfenicol (Aquaflor)
Yes <input checked="" type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
Yes <input checked="" type="checkbox"/> No	Hormone - describe:
Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
Yes <input checked="" type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i>
Yes <input checked="" type="checkbox"/> No	Oxytetracycline
Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
Yes <input checked="" type="checkbox"/> No	Romet
Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
Yes <input checked="" type="checkbox"/> No	Sodium Chloride - salt
Yes <input checked="" type="checkbox"/> No	Vibrio vaccine
Yes No	Other:
Yes No	Other:

## EPA General Permit WAG130000 - Annual Report

### Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <b>Aquaflor</b>		Generic Name: <b>Florfenicol</b>	
Reason for use: <b>Bacterial Coldwater</b>			
Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <b>2%</b>	Total quantity of formulated product used in past year (specify units): <b>1,980 lbs</b>	
Date(s) of treatment: 4/29-5/10/2019 7/25-8/4/19			Total number of treatments in past year: <b>2</b>
Maximum daily volume of treated water: <b>72,420</b>	Treatment concentration (specify units): <b>15 mg/kg</b>	Duration and frequency of treatment(s): <b>Daily for 10 days</b>	
Method of application: Static Bath Flow-through		<input checked="" type="checkbox"/> Medicated Feed Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways Incubation building	Ponds Off-line settling basin	Other (describe):
Where did water treated with this chemical go? (check all that apply):	Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	Septic System Publicly owned treatment works	Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

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Brand Name:		Generic Name:	
Reason for use: <b>Egg Disinfection</b>			
<input type="checkbox"/> Preventative/Prophylactic As-needed	Total quantity of formulated product per treatment:	Total quantity of formulated product used in past year (specify units):	
Date(s) of treatment:			Total number of treatments in past year:
Maximum daily volume of treated water:	Treatment concentration (specify units):	Duration and frequency of treatment(s): <b>1</b>	
Method of application: Static Bath Flow-through		Medicated Feed Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	Ponds Off-line settling basin	Other (describe):
Where did water treated with this chemical go? (check all that apply):	Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	Septic System Publicly owned treatment works	Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

## EPA General Permit WAG130000 - Annual Report

### Aquaculture Drugs and Chemicals (cont'd)

#### ***Additional Reporting Requirements for Water-Borne Treatments***

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

<b>Static Bath Treatments</b>	
Tank Volume	Liters
Desired Static Bath Treatment Concentration	µg/L
Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

<b>Flow-Through Treatments</b>	
Tank Volume	Liters
Calculated Flow Rate	Liters/Minute
Duration of Treatment	Minutes
Desired Flow-Through Treatment Concentration of Product	µg/L
Amount of Product to Add Initially	Liters Product
Amount of Product to Add During Treatment	mL/Minute
Total Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge



## EPA General Permit WAG130000 - Annual Report

### Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

No Changes

### Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Tim Peone	Hatchery Program Manager, Spokane Tribe of Indians
Printed name of person signing	Title
<i>Tim Peone</i>	1/17/2020
Applicant Signature	Date Signed

### Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191  
Washington Hatchery Annual Report  
1200 Sixth Avenue, Suite 900  
Seattle, WA 98101-3140